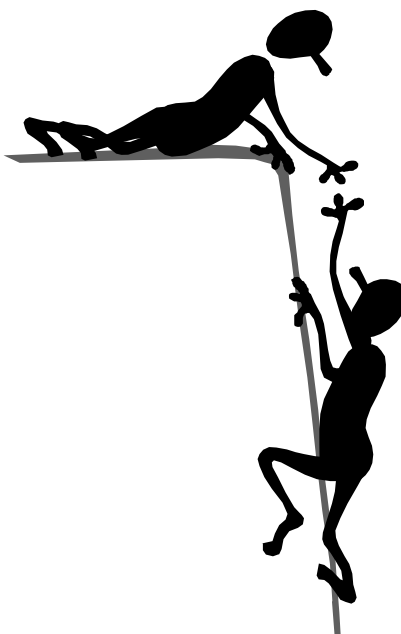


Understanding Child Welfare and the Dependency Court
A Guide for Substance Abuse Treatment Professionals

Facilitator Handbook

Summer 2007



About this Course and Course Materials

The online course and PDF version of *Understanding Child Welfare and the Dependency Courts: A Guide for Substance Abuse Treatment Professionals* were developed by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration and are maintained by the National Center for Substance Abuse and Child Welfare on its website: <http://www.ncsacw.samhsa.gov>. NCSACW is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau Office on Child Abuse and Neglect (OCAN).

The course materials, including the Participant Workbook and Facilitator Handbook, were developed by the Utah Division of Child and Family Services (DCFS), with the assistance of the Utah Division of Substance Abuse and Mental Health (DSAMH) and the Center for Children & Family Futures (CCFF).

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How to Use this Course and Course Materials

The Online Course

The purpose of this course is to educate substance abuse treatment providers about the complexity of the child welfare system and dependency court, and to improve services to families that are affected by substance abuse. The course consists of an introduction, five modules, and a Knowledge Assessment.

The Facilitator Handbook

The Facilitator Handbook was designed to help substance abuse treatment professionals use this tutorial to train multiple staff members on the child welfare and dependency court systems.

Features:

- Implementation Options and Suggestions
- Discussion Questions: general questions based on each module
- Reading Questions: detailed questions from each module. The answers are also provided.
- Self-reflection and Goal-Setting exercises, which encourage participants to consider how to apply what they have learned in their practice.

The Facilitator Handbook is most effective in facilitating group discussions with participants who have taken the course in a self-study format and completed the exercises in their Participant Workbook.

The Participant Workbook

The Participant Workbook was designed to be a companion to the course. It features Reading Questions, and Self-Reflection and Goal-Setting Exercises to supplement each module. Participants are encouraged to answer the Reading Questions as they go through each module. The Reading Questions help participants identify key points and develop their knowledge of specific areas related to working with families affected by substance abuse. The Self-Reflection and Goal-Setting exercises help participants consider how they might handle situations identified in the case studies and how they can apply what they learn in their work with clients.

Table of Contents

| | |
|--|----|
| Facilitator Handbook | 1 |
| About this Course and Course Materials | 2 |
| How to Use this Course and Course Materials | 3 |
| Table of Contents..... | 4 |
| Substance Abuse and Child Welfare in Utah..... | 5 |
| Benefits of this Course..... | 6 |
| Course Outcomes | 7 |
| Course Contents and Time Estimates | 8 |
| Implementing this Course in your Organization..... | 9 |
| General Tips for Group Discussion | 11 |
| Facilitation Tools | 12 |
| Introduction-Before You Start | 13 |
| Module 1: Overview of Child Maltreatment, Child Welfare, and Shared Family Issues..... | 17 |
| Module 2: Basics of the Child Welfare and Dependency Court System..... | 22 |
| Module 3: Basics of the Child Welfare and Dependency Court System..... | 28 |
| Module 4: Your Role—Supporting Your Client | 35 |
| Module 5: Your Role—Early Identification and Mandated Reporting | 43 |
| Resources | 48 |
| Thank You | 52 |

Substance Abuse and Child Welfare in Utah

- In 2006, 43.2% of all substance abuse treatment clients were parents of dependent children¹.
- In the same period, 58.1% of women entering treatment had dependent children, and the average number of children was 2.26².

For the period January 1 and June 30, 2007:

- 70% of children removed during child protective services (CPS) investigations were listed on a case with a contributing factor of alcohol or drug abuse³.
- 59% of children who received ongoing services within 14 days after the close of the CPS investigation were listed on a case with a contributing factor of alcohol or drug abuse⁴.
- 30% of supported CPS investigations had a case-contributing factor of alcohol or drug abuse⁵.
- 14% of all CPS investigations had a case-contributing factor of alcohol or drug abuse.
- Research shows that children with substance abusing caregivers tend to come to the attention of the child welfare system younger than other children, are more likely than other children to be placed in care, and are likely to remain in care longer⁶.

¹ Division of Substance Abuse and Mental Health. Annual Report (2006). Salt Lake City, UT.

² Ibid.

³ Division of Child and Family Services SAFE Management Information System: prevalence of substance abuse on child protective services cases in Utah for 1/1/07-06/30/07 (2007). Salt Lake City, UT: Division of Child and Family Services Data Unit.

⁴ Ibid.

⁵ A case finding of “supported” means that the evidence obtained during the investigation supported the allegation of abuse or neglect. Cases without a “supported” finding may be closed as “unsupported” or “without merit.” For more information on Utah’s child welfare definitions, see <http://www.hspolicy.utah.gov/dcf/>, select Practice Guidelines and Rules, then Practice Guidelines, then Definitions.

⁶ Semidei J, Feig Radel L, Nolan C (2001). Substance Abuse and Child Welfare: Clear Linkages and Promising Responses. Child Welfare 80 (2): 109-127.

Benefits of this Course

The NCSACW online course is the training of choice for treatment professionals in Utah because:

- Treatment professionals can take the course free of charge and receive up to 4 credit hours.
- It identifies strategies for keeping substance abuse treatment clients with children out of the child welfare system.
- It describes the Indian Child Welfare Act and implications for American Indian families who become involved with the child welfare system.
- It describes how treatment professionals can partner with child welfare caseworkers to support parents whose children are involved in the child welfare system.
- It is applicable to professionals who administer and manage treatment facilities and also to front-line caseworkers.
- Its information on the child welfare system can benefit all professionals, regardless of their levels of experience.
- It provides consistent, reliable, and high-quality information.

Course Outcomes

- Substance abuse treatment providers will be able to describe the continuum of services offered through the child welfare system.
- Substance abuse treatment providers will demonstrate understanding of how competing timetables for treatment, the child welfare system, and the dependency court can affect parents in treatment.
- Substance abuse treatment providers will be able to describe the basic requirements and expectations that the child welfare and dependency court systems place upon clients in treatment.
- Substance abuse treatment providers will understand the general requirements of the Indian Child Welfare Act.
- Substance abuse treatment providers will consider their roles in supporting families involved with the child welfare system.
- Substance abuse treatment providers will more fully understand children's needs and experiences related to having a parent with a substance abuse problem.
- Substance abuse treatment providers will recognize the importance of assessing the status of minor children of treatment clients and offer strategies and resources to help ensure that basic needs and needs related to safety are met.
- Substance abuse treatment providers will understand the benefits of teaming with child welfare caseworkers and identify several approaches to collaboration at different stages in the treatment and recovery processes.
- Substance abuse treatment providers will become familiar with resources available to support children of parents who abuse substances.

Course Contents and Time Estimates

| Section | Approximate Time to Complete |
|---|------------------------------|
| Before You Start —describes the course purpose, goals and objectives, course benefits, and benefits of collaboration with child welfare professionals. | 30-40 minutes |
| Module One —provides an overview of child maltreatment, child welfare, and shared family issues. | 30-45 minutes |
| Module Two —addresses understanding the basics of the child welfare and dependency court systems. | 45-60 minutes |
| Module Three —presents issues and strategies for collaborating with child welfare. | 45-60 minutes |
| Module Four —describes the treatment provider's role in supporting the client who is a parent. | 30-45 minutes |
| Module Five —describes the treatment provider's role in early identification and reporting of child abuse and neglect. | 30-45 minutes |
| Knowledge Assessment —20 questions | 5-10 minutes |

Time estimates are based on the use of the course for self-study. Group discussions may require additional time.

The online course has been approved by the National Association for Alcoholism and Drug Abuse Counselors for 4 credit hours under the Danya Institute's Provider Number 309. To receive credit for the course, participants must complete the Knowledge Assessment at the end of Module 5.

Implementing this Course in your Organization

This course can be implemented as a self-study, in which staff members complete the course independently, and during their work time; as a self-study with group discussion; or as a classroom-based training, in which the course materials serve as an instructor's manual.

1. Self-Study

Benefits

- Staff members can carry out a modified work schedule without being tied into a scheduled training.
- Individuals can complete the tutorial at their own pace.
- Requires less administrative time than other options.
- Participant comprehension can be measured by successful completion of the Reading Questions in the Participant Workbook and/or the Knowledge Assessment at the end of Module 5 in the online tutorial.

Suggestions for Implementation

- Provide clear directions regarding time frame, expectations for use of the Participant Workbook, and how comprehension will be evaluated.
- Control the pace of progression through the tutorial by setting deadlines for the completion of each module.
- Evaluate participant comprehension by reviewing the Reading Questions with them and following up with questions.

2. Self-Study with Group Discussion

Benefits

- Engages participants with the course content.
- Assists participants who learn by listening and talking.
- Holds participants accountable to their co-workers for completion.
- Can clarify misunderstood information.

Suggestions for Implementation

- Use regularly scheduled meetings, such as staff meetings, or training time to hold group discussions.
- Provide clear directions on expectations for preparation for and participation in the discussion.
- Use the reading questions and discussion questions in this booklet for structure and substance.
- Encourage participants to complete the self-reflection and goal-setting exercises in the Participant Workbook and share their responses.
- Provide related information on the policies and protocols for your organization, the local child welfare agency, and any other state or community information that complements the tutorial content.

3. Classroom-Based Training

Benefits of Classroom-Based Training

- Online course can be projected onto a screen for viewing.
- Encourages participants to learn from each other.
- Helps participants who learn from hearing, talking, and reading.
- Can be structured to meet the time and content needs of your organization.

Suggestions for Implementation

- Register for the course prior to the training session.
- Prepare a course outline, including time estimates and breaks.
- Be realistic about the amount of information that can be covered in the time reserved.
- Use the reading questions and discussion questions in this handbook to keep participants involved with their learning and check comprehension.
- Be prepared to answer questions about state and local policies and protocols for the child welfare system and your treatment organization.

General Tips for Group Discussion

You can use discussion to evaluate what staff members have learned from the tutorial, what they have begun to apply with clients, and what they can continue to do to support parents who are involved with substance abuse treatment and their children. By leading discussions with your staff, you can also provide information that is specific to your state, such as child welfare reporting requirements, and information that is specific to your agency, such as policies for informing clients if a child welfare report has been made. You can hold these discussions as staff members complete the training, and you can also use discussions to reinforce the training and application of principles several weeks or months after completion.

Beginning the Discussion

- Start by asking for initial reactions to the information in the tutorial. For example:
 - What did you learn? What did you review that you knew already?
 - What about this module is most important for treatment professionals?
 - How can you use what you learned today?
- Depending on the group, ask general questions to stimulate thoughts and lead to more specific questions to provide more depth and insight.
- Encourage participants to use their Participant Workbooks or notes to answer questions.
- Be flexible. You may not get through all the prepared questions and topics.

Suggestions

Assign discussion questions to participants for the next meeting.

Assign participants to discuss how they can use the charts and diagrams from the tutorial in their work with families.

Use discussion time to review Reading Questions that were difficult for participants.

- Ask participants to give examples of experiences working with clients involved in the child welfare system. Discuss strategies that could be used to collaborate with child welfare professionals.
- Ask participants what they think your organization is doing well in working with treatment clients who have children. Ask how the organization could improve its practice with these families.

Facilitation Tools

The following sections are organized to correspond with the course modules. Each section contains Discussion Questions, Reading Questions, and Self-Reflection and Goal-Setting Exercises.

Introduction-Before You Start

These Discussion Questions are drawn from the “What This Module Covers” section at the beginning of each module. Some questions have explicit answers that are written in the text. Other questions invite participants to draw upon the tutorial and their experiences in their responses. Possible responses are included for your convenience.

| Discussion Questions | |
|--|--|
| Questions | Possible Responses |
| 1. Why is collaboration important to treatment professionals? | Many clients in substance abuse treatment are also parents and family members. Relationships are integral to recovery, so it is important for treatment professionals to collaborate with any involved child welfare professionals to sustain and strengthen a client’s family relationships. |
| 2. Why is collaboration important to parents who are in treatment? | By understanding the requirements of other involved systems, treatment providers can support parents in providing for their children’s safety and well-being. By learning the timelines and expectations of other involved systems, treatment providers can help parents navigate stressors that might otherwise contribute to relapse. |
| 3. What are the child welfare concerns about substance abusing parents to which treatment professionals need to respond? | Minor children may be unsafe when in the primary care of substance abusing parents. The uncertainty of relapse can bring minor children into imminent danger. |
| 4. What are the concerns of judicial officers and attorneys in the dependency courts about substance abusing parents to which treatment professionals need to respond? | Judges are concerned with permanency for the child. They need to know whether a parent can continue to provide for a child’s safety and well-being. If a parent is in treatment, judges need to know whether the treatment is working and whether the periods of sobriety and stability are sufficient to allow the child to return to the parent. |
| 5. What is a dependency court? | A dependency court is a court that has jurisdiction in cases of child abuse or neglect. The dependency court is also commonly called Juvenile Court or Family Court. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|---|---|---------------------|
| Questions | Select the correct answer(s). | Reference |
| 1. Collaboration between treatment professionals and child welfare professionals can help clients in treatment by: | <ul style="list-style-type: none"> a) strengthening a family's relationships b) helping to engage and retain clients c) supporting better treatment plans d) reducing family stress e) all of the above <p>Answer: (e) all of the above</p> | Pages 8-9 online |
| 2. Why is parental substance abuse a concern to child welfare professionals? | <ul style="list-style-type: none"> a) Parents who abuse substances are poor role models b) Parents who abuse substances are usually low-income, single parents c) Substance abuse may contribute to unsafe situations for children d) Substance abuse is illegal activity <p>Answer: (c) Substance abuse may contribute to unsafe situations for children</p> | Page 10 online |
| 3. What is the role of the dependency court judge in child welfare cases? | <ul style="list-style-type: none"> a) To terminate parental rights and place a child in an adoptive home as soon as possible b) To balance the evidence and advice of service providers in determining the best interests of children c) To ensure the parent's rapid progression through treatment d) To make decisions based on evidence produced in the child welfare investigation <p>Answer: (b) To balance the evidence and advice of service providers in determining the best interests of children</p> | Page 11 online |
| 4. Youth in the child welfare system may have special needs related to substance abuse. List three examples of these needs. | Answers may include but are not limited to: support services, prevention services, or access to treatment | Page 12 online |

**Introduction
Self-Reflection**

1. How have you learned about the child welfare system?
2. How do you view your role as a treatment provider when working with clients who are in the child welfare system?
3. What do you need to know in order to support clients who are involved with the child welfare system?
4. As a treatment provider, what can you do to **prevent** child abuse and neglect among your clients?

Introduction
Goal Setting

1. What do you hope to learn from this tutorial?
2. How can you use what you learn to help clients?

Module 1: Overview of Child Maltreatment, Child Welfare, and Shared Family Issues

| Discussion Questions | |
|---|--|
| 1. What is child maltreatment? | Child maltreatment is a term used to describe child abuse and neglect. It includes physical, emotional and sexual abuse, and physical and psychological neglect. Definitions of abuse and neglect vary by state. |
| 2. What is child welfare? | Child welfare is the field that promotes children's safety and well-being. Child welfare involves a continuum of services that are used to strengthen families and support children's safety and permanency. |
| 3. What are dependency courts and when do they get involved? | Dependency courts make judicial decisions regarding permanency of children who are involved with the child welfare system. State laws specify when and how the dependency courts get involved with families. |
| 4. What are parent, child, and family issues that arise when parents with minor children are in treatment? | Issues for parents with substance use disorders may include poor parenting skills, guilt for parenting failures, and criminal charges. Issues for children who have parents with substance use disorders include involuntary separation from the parent, ramifications of physical or educational neglect, and lack of appropriate supervision. Issues for family members that arise include difficulties arranging visitation with children in out-of-home care, role conflicts with other family members, and worry about reunification if children have been removed. |
| 5. What are the responsibilities of treatment professionals who are working with parents who have minor children? | Treatment professionals should consider family needs and issues in shaping the treatment plans of clients who are parents. Treatment plans should include in retaining custody of or reunifying with their children. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|--|---|--------------------|
| Questions | Select the correct answer(s). | Reference |
| 1. According to the tutorial, the definitions of child abuse and neglect used by child welfare agencies are developed by: | <ul style="list-style-type: none"> a) the Child Abuse Prevention and Treatment Act (CAPTA) b) the Administration for Children and Families c) the juvenile dependency court d) the state legislature e) the Keeping Children and Families Safe Act <p>Answer: (d) the state legislature</p> | Pages 2-4 online |
| 2. According to the tutorial, what are some concerns that treatment professionals may have about making a child abuse or neglect report? | <ul style="list-style-type: none"> a) They may believe that children are better off with their parents than in foster care b) They may be concerned for the privacy of the family c) They may fear that a report may make the situation worse d) They may fear jeopardizing a relationship with an adult client e) All of the above <p>Answer: (e) All of the above</p> | Page 5 online |
| 3. Services provided by child welfare agencies... | <ul style="list-style-type: none"> a) may include in-home counseling services b) are only provided if children are taken into custody c) are limited to short-term foster care placements d) require parents to become abstinent from alcohol or drugs in order for children to remain home or be returned home <p>Answer: (a) may include in-home counseling services</p> | Pages 10-13 online |
| 4. According to the tutorial, what is the function of dependency court hearings? (more than one answer) | <ul style="list-style-type: none"> a) To determine if a child should be removed from the home b) To assess the level of a parent's substance use disorder c) To determine whether the parent is making progress sufficient to keep a child in the home or to return a child to the home d) To determine if the parent's substance use disorder has resulted in a failure to fulfill major role obligations at work or school e) To identify co-existing mental health and substance abuse concerns <p>Answer(s): (a) To determine if a child should be removed from the home and (c) To determine whether the parent is making progress sufficient to keep a child</p> | Pages 14-17 online |

| Reading Questions | | |
|---|--|--------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| | in the home or to return a child to the home | |
| 5. According to the tutorial, what are some experiences common to parents in substance abuse treatment? | <ul style="list-style-type: none"> a) Feelings of guilt for their parenting failures b) Pending criminal charges related to child abuse or neglect in addition to drug-related charges c) Resentment toward family members who have custody of the parents' children d) Issues related to their own abuse or neglect as children e) All of the above <p>Answer: (e) All of the above</p> | Page 20 online |
| 6. According to the tutorial, what are some experiences common to children of parents who are receiving substance abuse treatment? | <ul style="list-style-type: none"> a) Lack of age-appropriate supervision b) Frequent absences from school c) Missed immunizations d) Prenatal exposure to alcohol or drugs e) All of the above <p>Answer: (e) All of the above</p> | Page 21 online |
| 7. According to the tutorial, which of the following responsibilities do substance abuse treatment providers have toward a client with minor children? | <ul style="list-style-type: none"> a) To report the parent to law enforcement for possible child endangerment b) To evaluate the safety of the children in the client's care c) To screen the children for substance use disorders d) To encourage the client to place the children with relatives until the substance abuse no longer presents a child welfare concern <p>Answer: (b) To evaluate the safety of the children in the client's care</p> | Pages 24-25 online |
| 8. For clients with children who are already involved in the child welfare system, the substance abuse counselor can provide appropriate assistance by... | <ul style="list-style-type: none"> a) obtaining a copy of any court orders related to the child welfare case b) providing information to the client's attorney c) collaborating with the child welfare caseworker to identify and provide services that support the client and children d) all of the above e) b and c only <p>Answer: (d) All of the above</p> | Page 25 online |

Module 1

Self-Reflection

1. Look at the Values and Attitudes list on the link provided on Page 6 of the online tutorial. As you review the statements on the list, consider your own thoughts, feelings, and perceptions. What are some issues that really concern you? How might your feelings and beliefs affect your work with parents, children, and families with substance use disorders?
2. Looking at the Statistical Snapshots on page 13 of the online tutorial, how does the extent of child maltreatment change or confirm what you already believe about child abuse and neglect? How does it change or confirm what you already believe about the impact of substance abuse on children?
3. Read Case Study 1 – Part 1. As a treatment provider, how would you intervene to help Lisa? How might you involve her adult children? What can you do to support her two sons?

Module 1
Goal Setting

Identify 3 ways that you can apply what you have learned in Module 1 to your work with clients.

1.

2.

3.

Module 2: Basics of the Child Welfare and Dependency Court System

| Discussion Questions | |
|--|---|
| 1. What are the societal and legal contexts for child welfare services? | Concern about the ramifications of child abuse and neglect has led to legislation such as the Child Abuse Prevention and Treatment Act (CAPTA), which delineates Federal requirements for identifying, reporting, substantiating, and following up with suspected child abuse and neglect. Concern about the negative impact of long periods in foster care on children has led to legislation such as the Adoption and Safe Family Act (ASFA), which articulates federal time frames for reunification and adoption. The Foster Care Independence Act of 1999 and the John H. Chafee Care Independence Program address concern for older youth who are likely to turn 18 while in foster care. |
| 2. What are the requirements established by the Adoption and Safe Families Act (ASFA)? | ASFA requires permanency, which avoids changes in placements and long periods of time in foster care; the well-being of children and their parents; and the achievement of permanency through reunification, adoption, guardianship, long-term foster care, and individualized arrangements. |
| 3. What are the requirements of the child welfare, treatment, and welfare systems, and how do they conflict? | Parents who are in treatment may have many requirements to meet, each of which has a timetable. The timetables may conflict with each other and increase parental stress. Often, a parent's treatment needs may require more flexibility than requirements of the child welfare and dependency court systems will permit. |
| 4. What types of services are provided by child welfare agencies? | Services by child welfare agencies include home-based intervention, reunification, adoption/permanency, and family support services, and independent living. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|--|---|--------------------|
| Questions | Select the correct answer(s). | Reference |
| 1. The Foster Care Independence Act of 1999 and the John H. Chafee Care Independence Program address the problems and needs of older youth who have grown up in foster care, including | a) life skills training b) housing c) employment assistance d) mental health and treatment services e) all of the above Answer: (e) all of the above | Page 3 online |
| 2. The term “reasonable efforts” refers to: (more than one answer) | a) the services provided by the child welfare system to prevent the placement of a child b) the services provided by the child welfare system to reunify a child with parents c) the services provided by substance abuse treatment providers to help the parent achieve abstinence d) the services completed by the parent in order to reunify with a child Answer(s): (a) the services provided by the child welfare system to prevent the placement of a child and (b) the services provided by the child welfare system to reunify a child with parents | Pages 7-9 online |
| 3. Which of the following is true of timetables required by ASFA? (more than one answer) | a) The timetables estimate the length it takes to ensure a reasonable decision can be made about the best interests of the child b) The timetables are supervised by the dependency courts c) The timetables accommodate the unpredictable course of substance abuse treatment d) The timetables can be changed by the child welfare caseworker if needed Answer(s): (a) The timetables estimate the length it takes to ensure a reasonable decision can be made about the best interests of the child and (b) the timetables are supervised by the dependency courts | Pages 7-9 online |
| 4. How is a child’s membership in an Indian tribe determined? | a) By DNA testing b) By each tribe’s rules of membership c) By the parent’s membership in a tribe d) By the Indian Child Welfare Act (ICWA) Answer: (b) By each tribe’s rules of membership | Pages 14-15 online |

| Reading Questions | | |
|--|---|--------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 5. How is ICWA different from ASFA? (more than one answer) | <p>a) Under ICWA, a child welfare agency must make active efforts to provide rehabilitative services to keep families together or reunify families</p> <p>b) Under ICWA, termination of parental rights may only be considered when there is evidence beyond a reasonable doubt that continued custody would result in serious emotional or physical harm to the child</p> <p>c) Under ICWA, Indian children may be removed only if the parents have caused serious emotional or physical harm to the child</p> <p>d) Under ICWA, the Indian tribe assumes custody of the children and responsibility for providing reunification services to the family</p> <p>Answer(s): (a) Under ICWA, a child welfare agency must make active efforts to provide rehabilitative services to keep families together or reunify families and (b) Under ICWA, termination of parental rights may only be considered when there is evidence beyond a reasonable doubt that continued custody would result in serious emotional or physical harm to the child</p> | Page 19 online |
| 6. What are the four timetables that may come into conflict for substance abusing parents whose children are in foster care? | Answer(s): Public benefits/welfare, reunification, substance abuse treatment, and child development | Pages 20-22 online |
| 7. If a client reports to you that she is receiving family preservation services from a child welfare agency, it is appropriate for you to conclude that | <p>a) any child welfare concerns are minor because the children have not been removed</p> <p>b) you do not need to refer the client for parenting classes</p> <p>c) a release of information between your agency and the child welfare agency could be useful</p> <p>d) the client's substance abuse is causing significant problems at home</p> <p>e) the child welfare professional knows that the client is in substance abuse treatment</p> <p>Answer: (c) a release of information between your agency and the child welfare agency could be useful</p> | Pages 23-36 online |
| 8. When referring a treatment client to family support services, which of the following are | a) The appropriateness of education and training strategies to the client's interests, needs, and learning style | Pages 28-30 online |

| Reading Questions | | |
|--|---|--------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| important considerations? | <ul style="list-style-type: none"> b) Cultural and linguistic appropriateness c) The effectiveness of the program for families in recovery d) The involvement of fathers, partners, and other family caregivers e) All of the above <p>Answer: (e) All of above</p> | |
| 9. List four types of services that, in addition to substance abuse treatment, may assist parents in reunifying with their children | Answers may include but are not limited to: domestic violence counseling, mental health/trauma services, child care, housing, education, job training/employment, transportation, respite care/crisis nursery | Page 35 online |
| 10. If a client has children in foster care, what can you expect of the relationship between the foster parents, the client, and the children? | <ul style="list-style-type: none"> a) The children will be less of a distraction to the client b) The foster parents and client will have a rivalrous relationship c) The client will have less frequent visits with the children if the foster parents are relatives d) The client will experience greater emotional stability if the foster parents are relatives e) None of the above <p>Answer: (e) None of the above</p> | Pages 36-39 online |
| 11. The term “legal guardian” refers to | <ul style="list-style-type: none"> a) a person who makes decisions on behalf of the child, related to school, medical needs, or religious education, without obtaining permission from parents b) an attorney who represents the child in dependency court hearings c) a kinship care provider d) a relative who is authorized to make decisions on behalf of the parent, in the event that the parent is proven mentally or physically incapacitated <p>Answer: (a) a person who makes decisions on behalf of the child, related to school, medical needs, or religious education, without obtaining permission from parents</p> | Pages 40-47 online |

Module 2

Self-Reflection

1. Read Case Study 2, Part 1 on page 16 of the online tutorial. What might be some safety concerns for Thelma's children, Jill and Edwin?
2. Read Case Study 2, Part 2 on page 18 of the online tutorial. How did substance use contribute to the situation that occurred? Aside from losing their home, what else do you think the children experienced as a result of the fire?
3. Consider what you read about competing requirement in the light of your experience as a treatment provider. How frequently do your clients have competing time frames? How do you help them?

Module 2

Goal Setting

Identify three ways that you can apply what you have learned in Module 2 to your work with clients.

1.

2.

3.

Module 3: Basics of the Child Welfare and Dependency Court System

| Discussion Questions | |
|--|---|
| 1. What are the differences between child welfare and treatment approaches to clients, and what do they have in common? | Child welfare and treatment professionals may have different understandings of their clients' problems, solutions to those problems, and definitions of progress and success. Child welfare professionals are primarily concerned with the child's safety, well-being, and permanency. Treatment professionals are primarily concerned with helping clients to recover from substance abuse and addiction. Professionals in both areas can come together over their common interest in the adult client's recovery. |
| 2. How can the treatment, child welfare, and dependency court systems collaborate for the benefit of their mutual clients? | These systems can collaborate on four levels: information exchange, joint projects, changing the rules, and changing the system. This course focuses mostly on information exchange and the development of joint strategies among workers and supervisors in substance abuse treatment and child welfare. |
| 3. What are the special requirements for working with American Indian parents who are in treatment? | American Indian parents who are in treatment may have different opportunities to maintain a family or to reunify and different requirements that they must meet. The special requirements for American Indian families are stipulated under the Indian Child Welfare Act (ICWA). ICWA requires child welfare agencies to work closely with a tribe to achieve family stability and child protection, and the legal standards for removal of children and termination of parental rights are more strict than those that apply to non-Indian families. |
| 4. How can treatment providers begin to collaborate with child welfare and the dependency court? | Treatment providers can collaborate with child welfare and the dependency court by sharing information regarding parent information, type of treatment, treatment plans and relapse plans. They can hold joint case conferences to discuss strategies for working with a common family, additional services being received by the parents, and services that are needed but not being provided. Treatment providers also can participate in dependency court hearings and provide information that can be used in the hearings. |

| Discussion Questions | |
|---|--|
| 5. What are the key issues of confidentiality that affect information sharing, and how can they be appropriately addressed? | Most treatment, child welfare, and court systems have clients sign release of information forms that allow specific information about clients to be shared. Federal law stipulates the basic elements of these releases. The tutorial contains information on Confidentiality, the Health Insurance Portability and Accountability Act (HIPAA), and Qualified Service Organization Agreements (QSOA) in the Resources section. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|--|---|------------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 1. Although child welfare and substance abuse treatment professionals may have different primary concerns, they can work toward successful outcomes by: | <ul style="list-style-type: none"> a) respecting the client's privacy and not sharing information b) viewing the client's parental needs and treatment needs in the larger context of the total family's needs c) viewing the client's parental needs as separate from treatment needs and addressing them with as many services as possible d) placing the children's goal of permanency ahead of the client's goal of sobriety <p>Answer: (b) viewing the client's parental needs and treatment needs in the larger context of the total family's needs</p> | Page 2 online |
| 2. The primary goal of substance abuse treatment professionals is to address a client's substance abuse disorder. The primary goal of child welfare professionals is to address: | <ul style="list-style-type: none"> a) the parent's parenting skills b) the child's developmental needs c) the parent's substance abuse disorder d) the child's safety <p>Answer: (d) the child's safety</p> | Page 3 online |
| 3. According to the tutorial, which of the following is likely to be true about parents who are involved in both the child welfare system and substance abuse treatment? | <ul style="list-style-type: none"> a) If they have custody of their children, they may fear losing custody b) They have co-occurring needs that must be both addressed for any progress to occur c) They may receive conflicting messages about relapse d) They may be held to different time frames for treatment and recovery e) All of the above <p>Answer: (e) All of the above</p> | Pages 3-10 online |
| 4. If a family involved with the child welfare, dependency court, and substance abuse treatment systems has membership in an American Indian tribe, how may the tribe be involved with the parents' treatment? | <ul style="list-style-type: none"> a) The tribe determines how best to be involved b) The child welfare professional concedes jurisdiction to the tribe c) The treatment provider determines the extent of tribal participation d) The parent must attend treatment at an Indian Health Service facility <p>Answer: (a) The tribe determines how best to be involved</p> | Pages 11-12 online |
| 5. Which of the following are key collaboration strategies for treatment providers who serve American Indian children and | <ul style="list-style-type: none"> a) Work collaboratively with tribal social workers in implementing ICWA requirements b) Include tribal social workers in case plan development | Page 15 online |

| Reading Questions | | |
|--|--|--------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| families? (more than one answer) | <p>c) Wait for the tribe to approach you, since they define the terms of service</p> <p>d) Contact extended family members, since American Indian extended families are much larger than mainstream families</p> <p>Answer(s): (a) Work collaboratively with tribal social workers in implementing ICWA requirements; (b) Include tribal social workers in case plan development; and (d) Contact extended family members, since American Indian extended families are much larger than mainstream families</p> | |
| 6. What are the benefits of interviewing treatment clients about their current involvement with the child welfare system? | <p>a) It will enable you to track their progress on child welfare requirements relative to their timetable</p> <p>b) It will enable you to advocate for appropriate services with the child welfare professional, the guardian ad litem, and the judges</p> <p>c) It will help you to identify support for the family to help it remain intact or help reunify parents and children</p> <p>d) It will help you to prevent families from becoming involved with the child welfare system</p> <p>e) All of the above</p> <p>Answer: (e) All of the above</p> | Page 18 online |
| 7. Which of the following are ways that you, as a treatment provider, can participate in dependency court hearings? (more than one answer) | <p>a) Provide documentation on what the treatment facility has done to support the family</p> <p>b) Inform the child welfare professional or the court of the extent to which the parent has participated in treatment</p> <p>c) Inform the child welfare professional or the court of your opinion regarding the placement of children</p> <p>d) Inform the child welfare professional or the court of any services the client continues to need to recover or to provide a safe home for children</p> <p>e) Inform the child welfare professional or the court of your predictions on whether the client will complete treatment.</p> <p>Answer(s): (a) Provide documentation on what the treatment facility has done to support the family; (b) Inform the child welfare professional or the court of the extent to which the parent has participated in treatment; and (d) Inform the child welfare professional or the court of any services the client continues to need to recover or to provide a safe</p> | Pages 33-34 online |

| Reading Questions | | |
|---|--|--------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| | home for children | |
| 8. Using the description of community resources on pages 35 – 48 online, answer the following questions: Which of these services are offered by your organization? To which services do you most commonly refer clients? Which services are easily available in your community? Which services might be more difficult to access? | Answers may include but are not limited to: child care, after school programs, respite care, crisis care, domestic violence services, supportive housing, mental health resources, WIC programs, recreational programs, self-help groups, family support and education programs, housing programs, and primary medical services | |
| 9. Federal confidentiality laws for substance abuse treatment prohibit disclosing without consent: (more than one answer) | <ul style="list-style-type: none"> a) that a person is in substance abuse treatment b) that a person has received substance abuse treatment c) that a person has applied for substance abuse treatment d) that a person in a substance abuse treatment program is abusing or neglecting children e) that children who are suspected of being abused and neglected reside in a substance abuse treatment facility <p>Answer(s): (a) that a person is in substance abuse treatment; (b) that a person has received substance abuse treatment; and (c) that a person has applied for substance abuse treatment</p> | Pages 48-50 online |
| 10. If a client is involved with child welfare and the dependency court, which of the following best describes how confidentiality laws apply to relapse? | <ul style="list-style-type: none"> a) Treatment providers are compelled to report relapse to the dependency court b) Treatment providers can omit mention of relapse from a report to a dependency court, as long as the client is making satisfactory progress in treatment c) Treatment providers can omit mention of relapse to a dependency court but must report the relapse to the child welfare agency if children were affected by the relapse d) Treatment providers are not obligated to report relapse unless it contributed to an incident of child abuse or neglect <p>Answer: (d) Treatment providers are not obligated to report relapse unless it contributed to an incident of child abuse or neglect</p> | Pages 48-50 online |

Module 3

Self-Reflection

1. Read Case Study 1, Part 3 on page 9 of the online tutorial. What services might help Dan Jr. and Ricky? How might connecting Dan Jr. and Ricky with services support Lisa's progress in treatment?
2. Read Case Study 2, Part 3 on page 13 of the online tutorial. Suppose that Thelma came to your treatment facility the next day, expressing a desire to get help for her alcohol use, and explaining that her child welfare caseworker had encouraged her to get into treatment. What do you need to know about the child welfare case?
3. Read Case Study 2, Part 4 on page 16 of the online tutorial. How can you collaborate with the newly involved American Indian tribe?

Module 3

Goal Setting

Identify three ways that you can apply what you have learned in Module 3 to your work with clients.

1.

2.

3.

How can you use these Module 3 resources to support your goals?

- No-Cost Strategies to Improve Services and Outcomes, and Increase Collaboration, page 17
- Worksheets to Develop Child Welfare Profiles, page 19
- Information Sharing Chart, page 31
- Table of Issues Relating to the Dependency Court, page 34

Module 4: Your Role—Supporting Your Client

| Discussion Questions | |
|--|--|
| 1. What is a family system? | A family system is a unit of interconnected persons who influence each other as they interact over a period of time. |
| 2. Why is it helpful to look at your treatment client through the larger family system lens? | Understanding a client's family system and the family dynamics underlying substance abuse is critical to helping the client to participate in and sustain successful treatment with minimal relapse and interruption. |
| 3. What happens to children of substance-abusing parents? | Children of substance-abusing parents may be unable to go through normal developmental stages. They may have insufficient supervision, responsibilities for caring for siblings, and less support for social, emotional, mental, health, and behavioral needs. Children who are abused or neglected may not be able to access the protection and safety that they need. |
| 4. What are the issues encountered by substance-abusing parents? | Substance-abusing parents may be unable to perform basic functions and tasks for their dependent children. They may have difficulty providing financially for their children, maintaining stable housing and consistent care-giving practices, and ensuring that the children are safely and appropriately cared for. They may have difficulty tending to children's needs that supersede their own needs, and difficulty maintaining healthy family roles and boundaries. |
| 5. What are some additional family system issues that may arise when a parent is involved in the child welfare system? | Parents involved in the child welfare system may experience anxiety due to fear of losing custody of their children, grief and loss if removal has occurred, guilt for any abuse or neglect that has occurred, stress related to any required services, and uncertain feelings regarding their ability to continue to parent. |
| 6. How can you help to prevent your clients from entering the child welfare system? | Treatment providers can help their clients from entering the child welfare system by screening for childhood abuse and neglect, observing how clients interact with their children, providing support to parents in maintaining the daily schedules and supervision of children, and connecting parents with services that can help manage concerns regarding parenting. |
| 7. How can you help your clients negotiate the child welfare system? | Treatment providers can incorporate strategies to address child maltreatment in their treatment approaches. When a client is already in the child welfare system, treatment providers can collaborate with child welfare professionals to develop joint plans that will help clients to meet requirements of both systems. Such collaboration includes developing |

| Discussion Questions | |
|--|---|
| | shared understandings of the total problems and needs of parents and their children, developing joint disclosure, and identifying joint strategies. |
| 8. How can you help your parents in preparing for their participation in child welfare and dependency court meetings, reviews, and hearings? | Treatment providers can help parents prepare for their participation by negotiating conflicting requirements and timetables, developing a common understanding of the treatment approach and expectations, and supporting clients by advocating for their needs with other involved professionals. Treatment providers can also encourage holding joint meetings to discuss client progress and strategies. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|--|---|------------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 1. According to the tutorial, which concepts about family systems theory do substance abuse treatment providers share with child welfare professionals? (more than one answer) | <p>a) Members of a family unit are interdependent</p> <p>b) A family unit tries to find a point of homeostasis within which all family members can function</p> <p>c) The capacity to parent is affected by how one was parented</p> <p>d) That adults who abuse substances are not fit to be parents</p> <p>Answer(s): (a) Members of a family unit are interdependent; (b) A family unit tries to find a point of homeostasis within which all family members can function; and (c) The capacity to parent is affected by how one was parented</p> | Page 3 online |
| 2. According to the tutorial, what are three characteristics of substance abusing parents? (more than one answer) | <p>a) Their substance abuse is the central organizing force around which their lives evolve</p> <p>b) The substance abuse of a parent affects all family members, especially children</p> <p>c) The substance abuse is a coping mechanism for childhood sexual abuse, which is repeated across generations</p> <p>d) The substance abusing parent often has a range of serious problems, some of which began in childhood, and some of which result from substance abuse</p> <p>Answer: (a) Their substance abuse is the central organizing force around which their lives evolve; (b) The substance abuse of a parent affects all family members, especially children; and (d) The substance abusing parent often has a range of serious problems, some of which began in childhood, and some of which result from substance abuse</p> | Page 13 online |
| 3. According to the tutorial, how does parental substance abuse affect the developmental experiences of children? (more than one answer) | <p>a) Children may not have opportunities to emotionally and mentally process what is happening to them and around them in ways that are appropriate to their age and developmental abilities</p> <p>b) Children grow up believing that education and hard work are unimportant</p> <p>c) Children may be unable to process traumatic or difficult experiences during each developmental period</p> <p>d) Children may not receive the mental help needed to manage experiences of abuse, neglect, domestic violence, foster care placement,</p> | Pages 9-15 online |

| Reading Questions | | |
|---|---|-----------------|
| Questions | Select the correct answer(s). | Reference Pages |
| | <p>changes in caregivers, deaths, or serious illnesses</p> <p>Answer(s): (a) Children may not have opportunities to emotionally and mentally process what is happening to them and around them in ways that are appropriate to their age and developmental abilities; (c) Children may be unable to process traumatic or difficult experiences during each developmental period; and (d) Children may not receive the mental help needed to manage experiences of abuse, neglect, domestic violence, foster care placement, changes in caregivers, deaths, or serious illnesses</p> | |
| 4. When a child is placed in foster care or when parental rights are terminated, how might the parent experience grief and loss? (more than one answer) | <p>a) Loss and grief over the child b) Loss of contact with family members c) Loss of a partner or significant other d) Reliving earlier grief from loss of parents or significant caregivers e) All of the above</p> <p>Answer(s): (a) Loss and grief over the child and (d) Reliving earlier grief from loss of parents or significant caregivers</p> | Page 17 online |
| 4. According to the tutorial, what can treatment providers do to help clients stay out of the child welfare system? | <p>a) Screen the client for childhood experiences of abuse or neglect b) Provide parents with support for maintaining the daily schedules of and supervising children c) Connect parents with support groups related to parenting d) Assist parents in finding needed services for their children e) All of the above</p> <p>Answer: (e) All of the above</p> | Page 20 online |
| 5. How can motivational treatment techniques facilitate collaboration between treatment providers and child welfare professionals? (more than one answer) | <p>a) By rationalizing the actions of the child welfare system b) By helping the client to understand how serious participation in treatment will help her regain custody of her children c) By helping the client to break down the processes for recovery for reunification into small steps d) By educating the child welfare professional on the stages of change</p> <p>Answer(s): (b) By helping the client to understand how serious participation in treatment will help her</p> | Page 22 online |

| Reading Questions | | |
|---|---|-----------------|
| Questions | Select the correct answer(s). | Reference Pages |
| | regain custody of her children and (c) By helping the client to break down the processes for recovery for reunification into small steps. | |
| 6. Joint planning and case management should include which of the following? (more than one answer) | <p>a) Ensuring the involvement of the treatment counselor in the client's permanency planning hearings and court appointments</p> <p>b) Engaging the treatment client planning for the client and minor children</p> <p>c) Ensuring the child welfare workers, courts, and parent and child attorneys have a full understanding of the neurobiology of addiction and how it may influence the recovery process</p> <p>d) Ensuring the child welfare workers, courts, and parent and child attorneys have a full understanding of the treatment strategies and approaches being used by the treatment counselor</p> <p>Answer(s): (a) Ensuring the involvement of the treatment counselor in the client's permanency planning hearings and court appointments; (b) Engaging the treatment client planning for the client and minor children; and (d) Ensuring the child welfare workers, courts, and parent and child attorneys have a full understanding of the treatment strategies and approaches being used by the treatment counselor</p> | Page 28 online |
| 7. Treatment providers can work with parents' attorneys to help them more effectively represent and advocate for them by providing information on: (more than one answer) | <p>a) errors in the social workers' reports</p> <p>b) successful visitation</p> <p>c) services that are not being provided</p> <p>d) judge's orders that are not being followed that would benefit the parent</p> <p>e) a and c only</p> <p>Answer(s): (a) errors in the social workers' reports; (b) successful visitation; and (d) judge's orders that are not being followed that would benefit the parent</p> | Page 30 online |

| Reading Questions | | |
|--|---|-----------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 8. According to the tutorial, the treatment provider can help to prepare parents for court proceedings by: (more than one answer) | <p>a) asking children for an update on the child abuse and neglect that has occurred</p> <p>b) role playing questions that might be asked</p> <p>c) requesting legal representation for a parent if she is in a state that does not automatically provide such representation</p> <p>d) teaching parents about the nonverbal messages conveyed by grooming and body language</p> <p>Answer(s): (b) role playing questions that might be asked; (c) requesting legal representation for a parent if she is in a state that does not automatically provide such representation; and (d) teaching parents about the nonverbal messages conveyed by grooming and body language</p> | Page 30 online |
| 9. Identify 4 parenting tasks that, according to the tutorial, are often affected by substance abuse. | Answers may include but are not limited to: providing sufficient income that is managed to meet basic economic needs; providing appropriate and consistent discipline; making decisions that affect the well-being of all family members, including interacting successfully with schools, housing, health care providers, and other community agencies; maintaining a home and basic housekeeping tasks; seeing that children are safely and appropriately cared for; facilitating nurturing; maintaining appropriate family roles and boundaries | Page 14 online |
| 10. According to the tutorial, it is important to develop a common understanding of the total problems and needs of parents and their children, as they attempt to meet both treatment and child welfare/dependency court requirements. Identify four examples of these needs. | Answers may include but are not limited to: how the client's childhood experiences will affect her ability to meet requirements; the client's experiences as a parent and what types of parenting education and support are needed to keep children in the home or to achieve reunification; how to develop safety support systems for minor children living with clients; how to use the requirements and incentives of both systems to motivate parents to stay in treatment; how to plan for relapse and recovery; ways to support the client's positive visitation with children; how to help parents learn more about child development, and what realistic expectations of children are; how to help parents learn about parenting strategies they may not have experienced from their own parents during childhood | Page 23 online |

Module 4

Self-Reflection

1. Read Case Study 1, Part 4 on page 27 of the online tutorial. To what public services are you able to refer your clients?
2. Read Case Study 2, Part 3 on page 13 of the online tutorial. Suppose that Thelma came to your treatment facility the next day, expressing a desire to get help for her alcohol use, and explaining that her child welfare caseworker had encouraged her to get into treatment. What do you need to know about the child welfare case?
3. Read Case Study 2, Part 4 on page 16 of the online tutorial. How can you collaborate with an American Indian tribe to support your client's family?

For more information about talking with clients about their own childhood abuse and neglect issues or about their children's safety and well-being, see CSAT TIP (Treatment Improvement Protocol) 36, p. 23-25, and 74-79. The TIP is available online or in hardcopy. To access or order the TIP, go to <http://www.treatment.org/Externals/tips.html>, and select TIP 36.

Module 4

Goal Setting

Using the strategies suggested on page 20, what are 3 ways you can help your clients who are parents to stay out of the child welfare system?

1.

2.

3.

Using the strategies recommended on pages 21-28, how can you collaborate with child welfare workers to support common clients?

1.

2.

3.

Using the strategies suggested on pages 33-34, how can you help clients to prepare for and respond to post-treatment family outcomes?

1.

2.

3.

Module 5: Your Role—Early Identification and Mandated Reporting

| Discussion Questions | |
|--|--|
| 1. How do you determine whether you should be concerned about possible child maltreatment? | Treatment professionals can use several strategies to identify child abuse and neglect if it is occurring. These include inquiring about the client's own childhood experiences, learning about the client's current home life, observing parents with their children, and arranging for a formal assessment of childhood trauma. |
| 2. How do you decide whether you have a case that should be reported? | Treatment providers can become familiar with their state's definitions of child abuse and neglect. Common conditions reportable in most states are non-accidental injury to a child, lack of medical intervention, sexual abuse, inadequate education, neglect, excessive punishment, lack of food, and harsh treatment. |
| 3. How do you make a report? | Treatment professionals can contact their state child welfare agency for further information on how to make a report. |
| 4. What happens to your client when a report is made? | After a report is made, treatment providers will need to follow their program's policy regarding when and how a client should be notified of the report. In all situations, the choice to notify the parent of the report should take into account potential harm to the child that could be inflicted by an angry parent, the possibility that a parent could attempt to influence a child's response in subsequent interviews, and the risk of flight. |

Answers to Reading Questions are provided after answer selections.

| Reading Questions | | |
|--|---|------------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 1. At what points in the treatment process should a substance abuse counselor screen clients for childhood abuse and neglect? (more than one answer) | a) As early as possible b) After the client has sustained sobriety for 30 days c) At the first sign that the client is abusing or neglecting her own children d) After a trusting relationship has been established Answer(s): (a) As early as possible and (d) After a trusting relationship has been established | Page 4 online |
| 2. If a treatment provider is concerned about a child's developmentally inappropriate behavior, such as being unable to separate from the parent or wetting pants, or a child's appearance of being underweight, unkempt, or bruised, the treatment provider should discuss these concerns with: | a) the local child protection agency b) the provider's supervisor c) the parent d) the child e) all of the above Answer: (c) the parent | Page 7 online |
| 3. Identify four of the most common conditions that are reportable in most states. | Answers may include but are not limited to: injuries, lack of medical intervention, sexual abuse, inadequate education, neglect, excessive punishment, lack of food, or harsh treatment | Pages 9-10 online |
| 4. If you suspect that a child of a treatment client is being abused or neglected, what steps should you take before making a report? | a) Confront the client about your suspicion b) Monitor the situation for 24 hours, documenting how the client and child interact c) Find activities to keep the mother and child separate until child protective services can make contact d) Take no further steps and make the report Answer: (d) Take no further steps and make the report | Pages 11-14 online |
| 5. What information should you be prepared to provide during the initial report to child protection? | a) The age and location of the child b) The names and contact information for parents or other primary caregivers c) The type of abuse or neglect, as specific and factual as possible d) The name of the alleged perpetrator e) All of the above Answer: (e) All of the above | Pages 13-15 online |

| Reading Questions | | |
|--|---|---------------------|
| Questions | Select the correct answer(s). | Reference Pages |
| 6. When a treatment provider informs a client that a child protection report has been made, which of the following should she consider? | <ul style="list-style-type: none"> a) Program policies on when and how the client should be notified b) The potential harm to a child that the parent could inflict c) The parent's potential to influence the child's disclosures to CPS d) The parent's prior experience with the child welfare agency e) The availability of alternate caregivers to take in the child until the investigation has been completed <p>Answer(s): (a) Program policies on when and how the client should be notified; (b) The potential harm to a child that the parent could inflict; and (c) The parent's potential to influence the child's disclosures to CPS</p> | Pages 16-18 online |
| 7. In the event that a child protection investigation is completed and closed without court involvement, a treatment provider should: (more than one answer) | <ul style="list-style-type: none"> a) contact the caseworker, with the parent's legal consent, to ask what the treatment program can do to support the family and keep the children safe b) assume that there was insufficient evidence of maltreatment c) make another referral d) ask the parent what happened in the investigation and what services were referred e) request the investigation records through the Government Records Access and Management Act (GRAMA) <p>Answer(s): (a) contact the caseworker, with the parent's legal consent, to ask what the treatment program can do to support the family and keep the children safe and (d) ask the parent what happened in the investigation and what services were referred</p> | Pages 16-18 online. |

Module 5
Self-Reflection

1. What are some ways you can screen your clients for their history of childhood abuse or neglect?
2. What are some ways you can talk with clients about their current home life?
3. How can you learn more about a client's relationship with his or her children?

Module 5

Goal Setting

Identify 3 ways you can apply what you have learned in Module 5 to your work with clients.

1.

2.

3.

Review your responses to Self-Reflection 3 and 4 on page 17 in your Participant Workbook.
How would you answer these questions now?

Resources

The statewide, toll-free Utah Child Protection hotline is (800) 678-9399. Each of Utah's five regions has its own hotline number. To find out which local number you can call to report abuse or neglect, visit <http://www.dcfs.utah.gov/locations.htm>.

1. The Utah Division of Child & Family Services is the state child welfare agency. Its website contains information on:
 - How to report child abuse and neglect
 - Office locations and phone numbers
 - Common questions
 - The Indian Child Welfare Act
 - Practice guidelines (the casework process)
 - Reports and plans

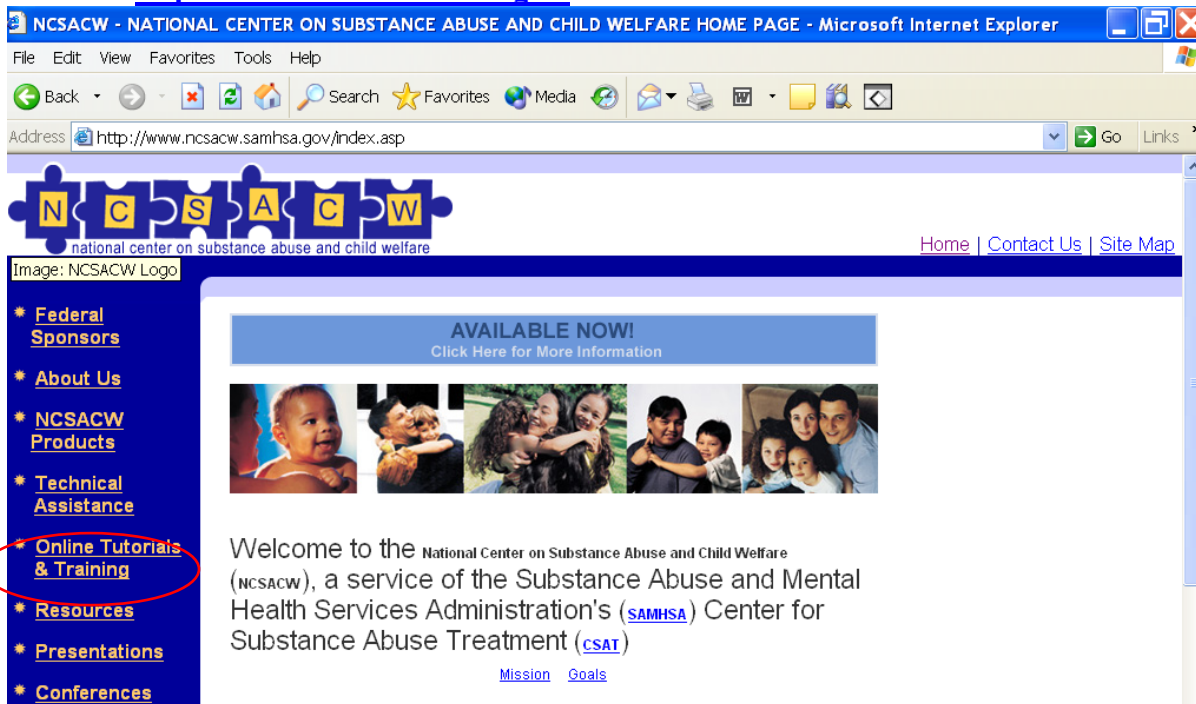
For more information, see <http://www.dcfs.utah.gov>

2. The Utah Division of Substance Abuse and Mental Health is the State agency responsible for ensuring that prevention and treatment services for substance abuse and mental health are available statewide. For more information, see <http://www.dsamh.utah.gov/>
3. Utah Department of Human Services Hot Tips webpage helps people to navigate Department resources quickly. For more information, see http://www.dhs.utah.gov/main_hot_tips.htm.
4. Utah Cares is a free, confidential tool that helps you find state and community services. A version of the website is available in Spanish. For more information, see <http://www.utahcares.utah.gov>
5. Utah Department of Workforce Services provides employment and support services, including applications for public benefits. For more information, see <http://jobs.utah.gov/jobseeker/dwsdefault.asp>
6. Suggestions for talking with adult clients about these matters is available from CSAT TIP (Treatment Improvement Protocol) 36, p. 23-25, and 78. The TIP is available in an online and hardcopy format. For more information, see <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.63145>

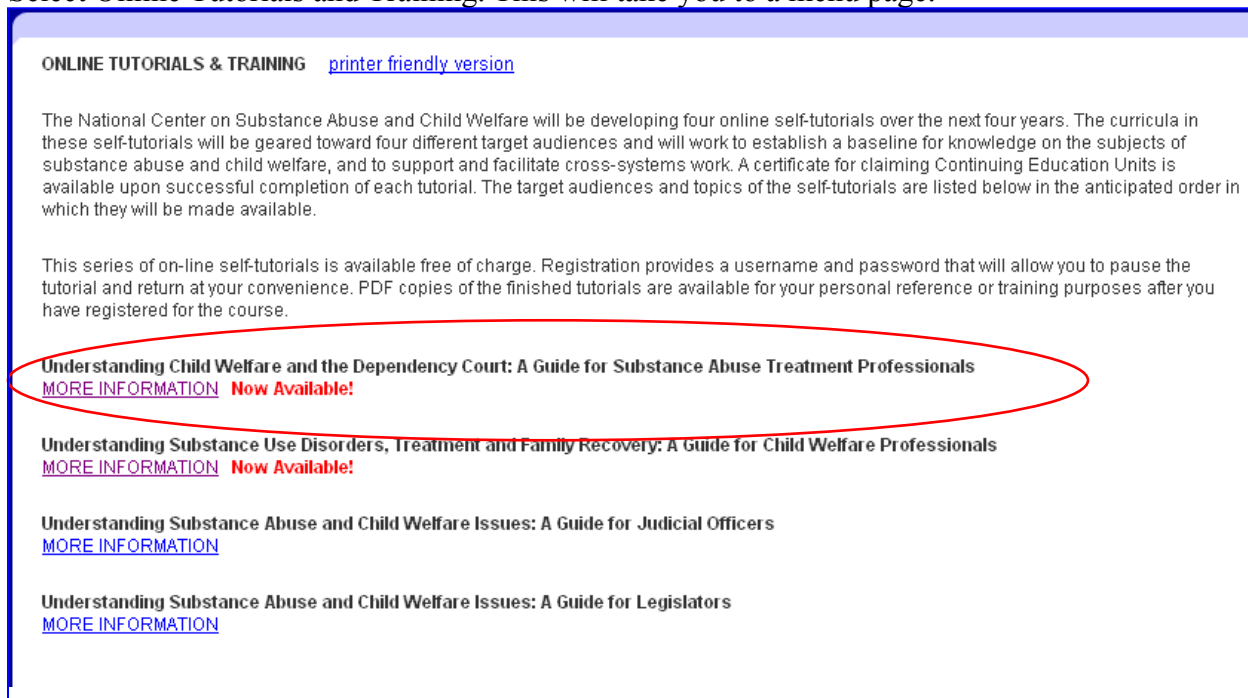
Registering for the Course Online

A. Register for the Web Training

1. Go to <http://www.ncsacw.samhsa.gov/>



2. Select Online Tutorials and Training. This will take you to a menu page.



- Find Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals. Select [MORE INFORMATION](#).

- Click on [Register](#).

- Enter the requested information.

- Select the course.

Course Registration *

Please select the course(s) you want to take.

- ☒ Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
☐ Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals

- Click on [Submit](#).

- On the new page, “START A TUTORIAL,” click on the tutorial, Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals.

- The new page will be titled, Why Should I Take This Course? This is the introduction to the online training.

NCSACW
National center on substance abuse and child welfare

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Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

[Before You Start](#) [Course Modules](#) [Resources](#) [printer friendly version](#)

1 of 15

Why Should I Take This Course?

The way family dynamics contribute to substance abuse and addiction and the roles that families play in treatment and recovery are longstanding concerns of substance abuse treatment providers. Child abuse and neglect has become an increasing social problem that is frequently associated with substance-abusing parents who are unable to provide a safe and nurturing environment for their children.

Federal legislation for child welfare and child abuse and neglect has increasingly tightened the requirements for families who are involved in the child welfare system, and this has had repercussions for substance abuse treatment. Parents have a relatively short time to demonstrate they have succeeded in achieving sobriety and are able to care for their children.

B. Print the PDF Copy of the Tutorial (optional)

- After you have registered for the tutorial, go to the page that says Start a Tutorial and Return to a Tutorial.
- Click on PDF Copy of Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals.
- Open, then print.

C. Navigating the Tutorial Online

To move forward or backward between pages in a module, click on the blue arrows.

To move among sections of a module, use the drop-down menu.

The screenshot shows the NCSACW (National Center on Substance Abuse and Child Welfare) website. At the top, the logo consists of puzzle pieces with the letters N, C, S, A, C, W. Below the logo, the text "national center on substance abuse and child welfare" is visible. On the right, there are links for "NCSACW Home" and "Tutorial Home". The main heading is "Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals". Below this, there are tabs for "Before You Start", "Course Modules", and "Resources". A "printer friendly version" link is also present. On the left, a blue sidebar contains a list of modules: "Module 1", "Module 2", "Module 3", "Module 4", and "Module 5". A red circle highlights this sidebar. In the center, a "Table of Contents" dropdown menu is open, showing options: "Table of Contents", "Alcohol and Other Drugs", "Pathways to Abuse and Addiction", "Diagnosis", and "Adverse Effects". A red circle highlights this dropdown. Below the dropdown is a "Go" button. At the bottom right, a page indicator shows "1 of 17" with blue arrows for navigation. A red circle highlights this indicator. At the bottom, a light blue box contains the text "Participant Objectives of Module One".

To move from one module to another, use the blue menu bar.

To access and print the PDF version of the tutorial, click on Tutorial Home and see the instructions on page 11.

Thank You

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Focus group participants were: Gay Medina, Terry Campbell, Shawn McMillen, Mary Jo McMillen, Ines Korbanka, Machiel Klerk, Robyn Welsh, Christine Baumgartner, Dan Walker, Lesa Lake-Allen, Martha Rodriguez, Lacee Harris, Shauntele Curry, Corey Markisich, Karen Williams, Andralyn Oliver, Karen Royall, Sandra Sheikh, Nanette Orton, Sue Leavitt, Melissa Huntington, Bernie Storms, Diane Threedy, Vard McGuire, Kami Balmforth, Jeffrey St. Romain, Mark Manazer.

Treatment professionals who participated in the focus groups and field testing were: Vicki Westmoreland, Kristi Erskine, Sabine Weil, Jennifer Hansen, Renee Harrison, Aurora Reyes, Kevin Mossel, Caroline Amis, Melissa Huntington, and Nanette Orton.